U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3///

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Chad B Boggio	Name Bricklayers & Allied Craftworkers Local 18 CA			
	Labor Organization File Number 526-858			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Suppression of the second seco	and the state of t			
Street 5775 Nutwood Cir.	Street 556 N. Diamond Bar Blvd. #201			
City Simi Valley	City Diamond Bar			
State California ZIP Code + 4 93063	State California ZIP Code + 4 91765			
5. Position in labor organization. President-Secretary/Treasure	The state of the s			
A SECTION OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY ASSESSMENT OF TH	V Company of Company o			
Enter appropriate data below If during the pact field year you or your su	pouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exc	clusions set forth in the instructions):			
A Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name	The second secon			
the contract of the contract o				
Trade Name, if any:	The state of the s			
P.O. Box, Bldg., Room No., if any				
" "LEST COMMANDA" - VICTORIO DE ALEST SE COMMANDA ALEST COMPANDA A	7.b. Amount.			
Street				
City				
Su france (1997ate a 1997ate a 1997a	\$2000000000000000000000000000000000000			
State ZIP Code + 4				
Signature Signature				
	of Perjury and other applicable penalties of the law, that all of the information inying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)			
(OB)	A 4			
Signed	On 10 969 - 396 6700 Telephone Number			
Form I M-30 (2003)	<i>U_ (- 10 </i>			

Name of Person Filing Chad Boggio	File Number U- 3///
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Bailey Associates Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2029 Century Park East Suite 3300 City Los Angeles State California ZIP Code + 4 90067	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Tile Insurance Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Business provides legal services to trust.
Street 9351 Telstar Ave. City El Monte State California ZIP Code + 4 91731	11.b. Approximate dollar value of such dealing. \$114,368 12.a. Nature of interest held or income received. I recieved a holiday baked goods basket.
	12.b. Amount. \$45
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Chad Boggio	File Number U- 3///				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Tile Helpers Apprenticeship & Education Trus Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9351 Telstar Ave. #400 City El Monte State California ZIP Code+4 91731	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name See 11.a. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to collective bargaining agreement.11.b. states annual amount of employer contributions for 2004. Trust provides apprenticeship training to employees of employers 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. I recieved compensation from the trust for teaching apprenticeship classes.				
	12.b. Amount. \$222				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	or other thing of value. 14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing Chad Boggio		le Number U- 3///		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise tion is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Joint Apprenticeship Committee	a. Labor Organization	,		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 9351 Telstar Ave. #200	c. Employer			
City El Monte				
State California ZIP Code + 4 91731				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	entitivementation valuativement in the control of t		
Name See 11.a.	Employers signatory to a collective bargaining agreement pay contributions to trust, pursuant to			
Trade Name, if any:	amount of employer o	g agreement.11.b. states annual ontributions for 2004.Trust hip training to employees of		
P.O. Box, Bldg., Room No., if any	employers	arp craining to disproyous or		
Street	11.b. Approximate dollar value of	of such dealing. #61,428		
City	12.a. Nature of interest held of			
State ZIP Code + 4	I recieved compensat apprenticeship class	ion from the trust for teaching es.		
	12.b. Amount.	\$3,402		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Name		:		
Trade Name, if any:	The state of the s			
P.O. Box, Bldg., Room No., if any	The state of the s			
Street				
City	4			
State ZIP Code + 4	MARKET, THE ARM THE REST OF TH	COMPANIES CONTRACTOR C		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			